



Paediatric Laboratory Medicine

Patient Name

Birthdate (YYYY-MM-DD)

Tay-Sachs Carrier Screening Program
BIOCHEMICAL TESTING REQUISITION

METABOLIC DISEASES LABORATORY
Atrium Rm 3634
555 University Ave
Toronto ON M5G 1X8 Canada

Tel: (416) 813-6946
Fax: (416) 813-5431

For Canada Only:

Provincial Health Card # \_\_\_\_\_ Version \_\_\_\_\_

Issuing Province \_\_\_\_\_

TESTING: (check to order)

[ ] Tay-Sachs Carrier Screening For result enquiries, please call Molecular Genetics Customer Service at (416) 813-6590.

ADDITIONAL PATIENT INFORMATION:

- a) Sex: [ ] Male [ ] Female
b) Currently on birth control? [ ] Yes [ ] No [ ] NA
c) Currently pregnant? [ ] Yes [ ] No [ ] NA
d) Is there a history of Tay-Sachs Disease in the family? [ ] Yes [ ] No
e) Ethnic background: [ ] Ashkenazic [ ] Sephardic [ ] French Canadian [ ] Cajun [ ] Non-Jewish

SAMPLE SUBMISSION INSTRUCTIONS:

- For male and non-pregnant female patients: 5 mL red top (clotted) tube (enzyme analysis)
• For pregnant patients: 5 mL green top (heparin) tube (enzyme analysis)
• For specimen collection enquiries, please call the Metabolic Diseases Laboratory at (416)-813-6946

SHIPPING INFORMATION:

- Blood samples at room temperature must be received within 24 hours after collection
• Do not freeze or refrigerate blood
• Shipping address: Molecular Genetics Laboratory, Roy C. Hill Wing Rm 3421, 555 University Ave, Toronto ON M5G 1X8, Canada

Referring Physician: (Please Print)

Name: \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Signature (required)

Laboratory Use:

Table with 4 columns: Pedigree No., MG Lab #, Blood, WBC, Carrier Status. Rows include Total beta-Hexosaminidase, beta-Hexosaminidase B, and Percent beta-Hexosaminidase B.